Edgar Filing: OMNICOM GROUP INC - Form 4

OMNICOM Form 4 January 03, 2	GROUP INC										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AI	PPROVAL		
	UNITEDSI		SECURITIES AND EXCHANGE C Washington, D.C. 20549				COMMISSION	OMB Number:	3235-0287		
Check thi if no long								Expires:	January 31, 2005		
subject to Section 1	6. STATENIE	STATEMENT OF CHANGE				. OW	NERSHIP OF	Estimated average burden hours per			
Form 4 or Form 5	Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5			
obligation	¹⁸ Section $17(a)$					•		n			
See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
1(b).											
(Print or Type Responses)											
1. Name and A	r Name and	Ticker or T	rading	ç	5. Relationship of Reporting Person(s) to Issuer						
COLEMAN	COM GRO		IOM	CI							
(Last)	(First) (Mide		f Earliest Tr			CJ	(Check all applicable)				
(Last)	(Tilst) (Wild	(Month/I		ansaction			XDirector10% Owner				
C/O OMNIO MADISON	012				Difficer (give title Other (specify below)						
(Street) 4. If Ame			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check				
	Applicable Line) _X_ Form filed by One Reporting Person										
NEW YORK, NY 10022									fore than One Reporting		
(City)	(State) (Zij	p) Tab	le I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date 2							6. Ownership			
Security (Instr. 3)		Execution Date, if any					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
	((Month/Day/Year)						Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
					()		Following Reported	(Instr. 4)	(IIIstr. 4)		
					(A) or		Transaction(s) (Instr. 3 and 4)				
C			Code V	Amount	(D)	Price	(1150. 5 and 4)				
Common Stock, par value \$0.15	01/01/2012		А	560.79 (1)	А	\$0	22,828.47 <u>(2)</u>	D			
per share				<u> </u>							

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: OMNICOM GROUP INC - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	5. Date Exercisable and Expiration Date Month/Day/Year)		le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other COLEMAN LEONARD S JR C/O OMNICOM GROUP INC. Х **437 MADISON AVENUE** NEW YORK, NY 10022 Signatures /s/ Michael J. O'Brien, Attorney in Fact for Leonard S. 01/03/2012 Coleman

**Signature of Reporting Person

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The reporting person elected to defer receipt of these shares under the terms of the Omnicom Group Inc. Amended and Restated 2007 (1)Incentive Award Plan.
- (2) Includes dividends on deferred shares that are reinvested in company stock, credited on October 7, 2011.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

2

Date